

PART B - FEE(S) TRANSMITTAL

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 7590 09/04/2002

NIXON & VANDERHYE PC
1100 N GLEBE ROAD 8TH FLOOR
ARLINGTON, VA 22201

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(Depositor's name)
 (Signature)
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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/306,420	05/06/1999	STEPHEN A. LOCARNINI	2551-28	3419

TITLE OF INVENTION: VIRAL VARIANTS AND METHODS FOR DETECTING SAME

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1280	\$0	\$1280	12/04/2002

EXAMINER	ART UNIT	CLASS-SUBCLASS
MOSHER, MARY	1648	435-005000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Nixon & Vanderhye P.C.

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Western Health Care Network

Parkville, Australia

Please check the appropriate assignee category or categories (will not be printed on the patent) individual corporation or other private group entity government

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Issue Fee

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Publication Fee

Payment by credit card. Form PTO-2038 is attached.

Advance Order - # of Copies 5

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(Authorized Signature) B.J. Sadoff (Date) 9/30/02
 B.J. Sadoff (Reg. No. 36,663) 9/30/02

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 02 FC:561

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